

BILL NO. R-76-01-07

RESOLUTION NO. R- 03-76

A RESOLUTION authorizing the payment for
repair to EMS Ambulance # 1004

WHEREAS, EMS Ambulance was damaged in an accident and
insurance monies were received and receipted in the Controller's
Office, and

WHEREAS, AMPAR, INC. has submitted an estimate in the
amount of \$1,060.53 for the repair of said vehicle.

NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF
THE CITY OF FORT WAYNE, INDIANA:

That the Controller of the City of Fort Wayne is hereby
authorized to pay the sum of \$1,060.53 to AMPAR, INC. for the
repair of EMS Ambulance # 1004.

Vivian G. Schmidt
Councilman

APPROVED AS TO FORM
AND LEGALITY, _____

City Attorney

Read the first time in full and on motion by _____, seconded by _____, and duly adopted; read the second time by title and referred to the Committee on _____ (and the City Plan Commission for recommendation) and Public Hearing to be held after due legal notice, at the Council Chambers, City-County Building, Fort Wayne, Indiana, on _____, the _____ day of _____, 197____, at _____ o'clock P.M., E.S.T.

Date: _____ CITY CLERK

Read the third time in full and on motion by H. Schmidt, seconded by Talarico, and duly adopted, placed on its passage. Passed (~~lost~~) by the following vote:

	AYES	NAYS	ABSTAINED	ABSENT	TO-WIT
TOTAL VOTES	<u>9</u>	<u>0</u>			
BURNS	<input checked="" type="checkbox"/>				
HINGA	<input checked="" type="checkbox"/>				
HUNTER	<input checked="" type="checkbox"/>				
MOSES	<input checked="" type="checkbox"/>				
NUCKOLS	<input checked="" type="checkbox"/>				
SCHMIDT, D.	<input checked="" type="checkbox"/>				
SCHMIDT, V.	<input checked="" type="checkbox"/>				
STIER	<input checked="" type="checkbox"/>				
TALARICO	<input checked="" type="checkbox"/>				

DATE: 1-13-76 Charles Titulone
CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as (Zoning Map) (~~General~~) (~~Annexation~~) (~~Special~~) (~~Appropriation~~) Ordinance (Resolution) No. P-03-76 on the 13th day of January, 1976.

ATTEST: (SEAL) James Stier
Charles Titulone CITY CLERK PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 14th day of January, 1976, at the hour of 11:00 o'clock AM, E.S.T.

Charles W. Titulone
CITY CLERK
Approved and signed by me this 14th day of January, 1976, at the hour of 3:00 o'clock P. M., E.S.T.
Robert Elmschlag
MAYOR


Date January 5, 1976

TO THE CITY CONTROLLER:

The Board of Public Safety

requests that a Resolution be prepared and submitted to the City Council authorizing the payment of \$ \$1,060.53 from Insurance money deposited in General Fund

Reason for Transfer Accident involving EMS ambulance #1004
on 8/28/75 at Lafayette and Lewis, per
Inter-Insurance Exchange draft #D50688
for \$1,060.53. Q 10018


Executive Secretary

Directions -- Departments requesting transfer of funds from one account to another, or for the appropriation of funds from the unexpended balance of the General Fund must fill out this form in duplicate, and send both the original and one copy to the Controller's Office. It is suggested that a third copy be made and retained by the department originating the request. The Controller's office will retain one copy of the form and send the other to the City Attorney which will be his authorization to prepare the appropriation ordinance. Please send the request for transfer of funds to the Controller as early as possible, and at least one week should be allowed for the City Attorney to prepare the appropriation ordinance and the City Clerk to enroll it for the next Council meeting.

DIGEST SHEETTITLE OF ORDINANCE _____ *B-76-01-07*

DEPARTMENT REQUESTING ORDINANCE _____ BOARD OF SAFETY _____

SYNOPSIS OF ORDINANCE _____ Resolution authorizing AMPAR, INC. to be
_____ paid for repairing EMS vehicle (ambulance #1004) in the
_____ amount of \$1,060.53.
__________ Insurance money collected Quietus #10018 in Controller's
_____ Office from Inter-Insurance Exchange in full.

_____EFFECT OF PASSAGE _____ Pay claim to Ampar, Inc.

_____EFFECT OF NON-PASSAGE _____ Do not pay.

MONEY INVOLVED (Direct Costs, Expenditures, Savings) _____

_____ \$1,060.53 -- General Fund Insurance monies account
_____ pending disbursement.

_____ASSIGNED TO COMMITTEE (J.N.) *Enacted* _____